



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4788

| | | | | | |
|--|---|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/090,705 | FILING DATE 03/05/2002 RULE | CLASS 604 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. J504-005 US | |
| APPLICANTS Peter Michalos, Southampton, NY; Arie Michalos, Southampton, NY; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 03/26/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY NY | SHEETS DRAWING 2 | TOTAL CLAIMS 11 | INDEPENDENT CLAIMS 3 |
| ADDRESS 021706 | | | | | |
| TITLE Enhanced electronic nasolacrimal intubation | | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |